

CHILD DAY CARE BILLING FORM

IF VMX: PIN # (1) XXXX TIN #: (2) _____ FACILITY #: (3) _____

PROVIDER: (4) _____ MONTH: (5) _____ YEAR: (5) _____

I T E M	AUTHORI- ZATION NUMBER	E N T E R	BEGIN LINE	E N T E R	END LINE	E N T E R	1:REG 2:ABS 3:INCL	ITEM TOTAL	1 Continue billing 2 Redo last entry 3 Process and exit <---(11) 4 Process except last 5 No Process 6 Quit without processing 9 Process all and exit <---(13)		
									(11)	(12) TOTAL AMT	(13)
	(6)	#	(7)	#	(8)	#	(9)	(10)			
1		#		#		#		\$		\$	
2		#		#		#					
3		#		#		#					
4		#		#		#					
5		#		#		#					
6		#		#		#					
7		#		#		#					
8		#		#		#					
9		#		#		#					
10		#		#		#					
11		#		#		#					
12		#		#		#					
13		#		#		#					
14		#		#		#					
15		#		#		#					
16		#		#		#					
17		#		#		#					
18		#		#		#					
19		#		#		#					
20		#		#		#					

I certify that the child day care services were provided in accordance with the Authorizations indicated above. The above charges are accurate and are based upon the rates listed on the "STATE" column of the Day Care Worksheet. The children listed above were not assessed any charge(s) except for the fees stated on the "CUSTOMER" column of the Day Care Worksheet. I further certify that services were rendered on a nondiscriminatory basis in compliance with nondiscrimination laws on the basis of religion, race, sex or handicap. I am the legally authorized representative for the Child Day Care facility.

(14) _____
Day Care Facility Representative Signature

(15) _____
Date

CHILD DAY CARE BILLING FORM

DHS-9815

Instructions

Purpose: The purpose of the Child Day Care Billing Form is to document billing for child day care services and to validate payments from the Arkansas Department of Human Services (DHS) to a Provider.

Completion: The Child Day Care Billing Form must be completed, whether billing is submitted via the manual (paper) billing method or the automated (VMX or modem) billing method. NOTE: Some sections of the Billing Form cannot be completed without referring to the Day Care Worksheet (SAMPLE attached). Information required to complete sections (2), (3), (4), (6), (7), (8) and (10) of the Billing Form is obtained from the Day Care Worksheet.

The following information will be entered by the authorized day care billing representative:

- (1) DO NOT ENTER THE PERSONAL IDENTIFICATION NUMBER (PIN). To protect the confidentiality of the Provider's PIN, the four-digit number should NOT be entered on the Billing Form. The four x's are placed on the Billing Form as a reminder to the Provider to have the PIN available if the VMX (touch-tone telephone) billing method is used to submit the bill to DHS after the Billing Form has been filled out.
- (2) Enter the Provider's nine-digit Taxpayer Identification Number (TIN).
- (3) Enter the Provider's facility number.
- (4) Enter the Provider's name.
- (5) Enter the month and year for which billing is submitted. NOTE: Billing for more than a month at a time on one Child Day Care Billing Form is not allowed.

Billing ITEM 1:

- (6) Enter the authorization number.
- (7) Enter the number from the "LINE" column of the Day Care Worksheet which represents the date and time the billing period begins.
- (8) Enter the number from the "LINE" column of the Day Care Worksheet which represents the date and time the billing period ends. **NOTE:** When billing for absentee days or inclement weather days, the "BEGIN LINE" and "END LINE" entries must be the same number for each billing ITEM entry. (See billing ITEM 2 and billing ITEM 6 on the attached SAMPLE Billing Form for two examples.)
- (9) Enter "1" for regular billing; "2" for absentee billing; or "3" for inclement weather billing.
- (10) Calculate the ITEM TOTAL using rate shown under the "STATE" column on the Day Care Worksheet. Enter the total dollar amount in column (10).

EXAMPLE: (See attached SAMPLE Billing Form and SAMPLE Day Care Worksheet) For billing ITEM 1, the "BEGIN LINE" entered in column (7) was "1" and the "END LINE" entered in column (8) was "4". The rate (dollar amount) shown under the "STATE" column on the Day Care Worksheet is "12.00". Thus, the ITEM TOTAL is "\$48.00" ($4 \times 12 = 48$, or $12 + 12 + 12 + 12 = 48$).

- (11) No entry is required in column (11) when submitting bills to DHS using the manual (paper) billing method. If the bill will be submitted to DHS using the VMX billing method, write the appropriate number in column (11) which you enter on the touch-tone telephone when the VMX message requires a response:
- 1 – Continue billing
 - 2 – Redo last entry
 - 3 – Process all lines and exit system
 - 4 – Process all lines except last line and exit system
 - 5 – Quit, NO PROCESSING
- (12) Enter the cumulative total of all dollar amounts entered in column (10) for all prior billing ITEMS entered on the Child Day Care Billing Form. The entry represents the total dollar payments that the Provider is requesting from DHS. In the attached SAMPLE Billing Form, the dollar amount “\$756.00” that is entered in column (12) for billing ITEM 7 was determined from the sum total of all amounts entered under column (10).
- (13) No entry is required in column (13) when submitting bills to DHS using the manual (paper) billing method. If the bill will be submitted to DHS using the VMX billing method, write the appropriate number in column (13) which you enter on the touch-tone telephone when the VMX message requires a response. The possible responses will be as follows:
- 6 – Quit, NO PROCESSING and exit system
 - 9 – Process all data and exit system

After each billing ITEM has been completed on the Child Day Care Billing Form, continue by repeating steps (6) through (13) for each additional billing ITEM until all information for one billing period has been entered. NOTE: A maximum of 20 billing ITEMS may be entered on the Child Day Care Billing Form.

- (14) The authorized Provider representative must sign the Child Day Care Billing Form in the space provided.
- (15) Enter the date of signature.

The Provider uses information on the completed Child Day Care Billing Form to perform the required billing procedures for submitting bills to DHS using the VMX (touch-tone telephone) or Internet billing method. The original Billing Form must be retained in the Provider’s files for future reference.